

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

312

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1-29-00

Rex

#432

\$10⁰⁰

KD

1000881

Received 3-20-00
FAXED

Instructions

- * Please print or type.
- * Complete form and return with \$10 registration fee to the Board of Ethics, 5614 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809-7017, (225) 927-1400 or (800) 842-6630.
- * Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

NAME: Smith Charlie L.

Fax

Son

MR

BUSINESSPHONE: 504-394-3804

Area Code and Phone Number

BUSINESS ADDRESS: 100 Fairfax Pl., New Orleans, LA, 70131

Street and No.

City

State

Zip

PALING ADDRESS: 5 AME

Street and No.

City

State

Zip

EMPLOYER: La. Partnership for the Arts

EMPLOYER'S ADDRESS: 100 Fairfax Pl., N.O., LA, 70131

Street and No.

City

State

Zip

1. In Item 1.DW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name: La. Partnership for the Arts

Address: Address varies with presidency. My address is permanent

Purpose or purpose: Private-public support for the arts

Does this person pay you? No/Yes (Paid by fiscal agent for LPTA)

... No, who pays you? Arts Council of Greater Baton Rouge

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Lobbyist's Registration Number:

Name: Am. Artists Guild / Shiley Trusty Corp
Address: 225 Barron St., N.D.L.A. 70132
Business or purpose: Dealers of Arts/Business Contractor
Does this person pay you? Yes
If No, who pays you?

Name: Contemporary Arts Center
Address: 900 Camp St., N.D.L.A. 70132
Business or purpose: Promote Capital City Gay & Lesbian Arts
Does this person pay you? No
If No, who pays you?

Name: _____
Address: _____
Business or purpose: _____
Does this person pay you?
If No, who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (1.S.A.R. N. 74-75) except has been deliberately omitted.

Shirley Smith
Signature of Lobbyist

